

CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Program Name: <u>Creative Starts</u>	License Number: <u>70524</u>	Date of Inspection: <u>8/30/22</u>	Time of Arrival: <u>8:45</u>
Address: <u>35 Old State Rd 67</u>	Expiration Date: <u>10/31/23</u>	Licensed Capacity: <u>59</u>	Under 3 Capacity: <u>32</u>
Town: <u>Oxford</u>	Telephone: <u>203 888-1020</u>	# of children present: <u>9</u>	# of staff present: <u>9</u>
Operator: <u>Oxford Learning Center LLC</u>	Director: <u>Karen Sopko</u>		
Email: <u>creativestartschotmail.com</u>	Head Teacher: <u>Karen Sopko</u>		
Hours of Operation: <u>6:30-6:00</u>	Summer Care: <u>Open</u>		
Ages Served: <u>6wks to 12</u>	Instruction Codes: N/A = Not applicable at this time ✓ = Compliance/No violation found O = Non-compliance/Violation found		
Endorsements: ☒ Under Three (6wks - 36m) ☒ Preschool (3y - 5y) ☒ School Age (5y & up) ☐ Night Care (6wks & up)			

Licensure Procedures 19a-79-2a

1. Local Health Date: 8/30/21
- Administration 19a-79-3a
2. New Staff-Employee Orientation
3. Annual Staff Policy Training
4. Documentation of Behavior M. Tech Discussed w/Parents
5. Notification of Change
6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
7. Daily Attendance Records: Children/Staff JF
- Items Posted: Conspicuous/Accessible
8. License
9. Current Fire Marshal Certificate Date: 8/8/22
10. OEC Complaint Procedure
11. Food Service Certificate Date: n/a
12. Menus
13. Emergency Plans
14. No Smoking Signs
15. Radon Test (Y/N) Date: 3/22/22 Results: 1.6
- 15a. Developmental Milestones

Staffing 19a-79-4a

16. Staff Health Records/TB Tests
17. Professional Development
18. Disciplinary Actions
- 18b. Background Checks
19. Designated Head Teacher/60%
20. Two Staff Present
21. Ratio: 1 Staff to 10 Children
22. Group Size: Maximum 20 Children
23. Designated Director/Training
24. CPR Certified Staff
25. First Aid Trained Staff

Consultants

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	✓	✓
Health	✓	✓
Social Service	✓	✓
Dental	✓	✓
Dietitian	<u>n/a</u>	

27. Logs/Visits Documented

Swimming: (Y/N)

28. Non-Swimmers Identified

Signature of OEC Representative:

Jame Fortin
Print name: Jame Fortin

Written Corrective Action Plan Due to OEC by: 9/13/22

Signature of Person in Charge:

Print name: Karen Sopko
Karen Sopko

Swimming cont.

29. Staff/Child Ratios
30. CPR Certified Staff (20 years of age)
31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

32. Enrollment Information
33. Emergency Medical Permission
34. Authorized Released Permission
35. Field Trip Permission
36. Transportation Permission
37. Child Health Records/Immunizations/TB
38. Individual Care Plan (Signed by Parent/Staff)
39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

40. Nutritious Snacks/Meals (Required Food Groups)
41. Proper Refrigeration
42. Kitchen Separated
43. Hand Washing Before Eating/Food Handling
44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

45. License Premise: Clean/Good Repair/Hazard Free
48. Sanitary Drinking Fountains/Disposable Cups
- Water Supply: Public/Well
49. Lead Water Test Date: 7/20/21
- Bacterial/Chemical Test (Y/N) Date: 7/22/21
50. Walkways Maintained
51. Designated Staff Toilet/Sink
52. All Openings for Ventilation Screened
53. Windows Protected to Prevent Falls
54. Glass Protected to 36"
55. Overhead Doors Locking Devices/Spring Protectors
56. Exits/Hallways and Stairs Unobstructed
57. Individual Storage of Clothing/Bedding
58. Smoking Prohibited
59. Matches/Lighters Inaccessible
60. Electrical Safety: Outlets/Cords
61. Toileting Needs Met
62. Required Toilets/Sinks/Supplies
63. Potty Chairs: Nonporous/Emptied/Disinfected
64. Hand Washing After Toileting: Staff/Children
65. Ventilation in Toilet Room
66. Air Temp 65°, Thermometer Affixed

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Program Name: <u>Creative Starts</u>		License Number: <u>70524</u>	Date of Inspection: <u>8/30/22</u>
<u>Physical Plant continued:</u> ☒ 67. Water Temperature 60°-115° ☒ 68. Portable Space Heaters ☒ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair ☒ 70. Rugs Secure ☒ 71. Hot Water/Steam Pipes Protected ☒ 72. Working Phone on Each Level ☒ 73. Emergency Numbers Posted ☒ 74. Adequate Lighting: 50/30 Candle Feet ☒ 75. Light Fixtures Shielded/Shatter Proof ☒ 76. Potentially Hazardous Substances Locked ☒ 77. Garbage/Rubbish Disposed Daily ☒ 78. Stairs Protected/Good Repair/Handrails ☒ 79. Pets: Maintained/Care Plan (Y/N) ☒ 80. Operable CO Detector on Each Level (Y/N) ☒ 81. Program Space/Adequate Sq. Ft. Per Child ☒ 82. Equipment: Good Repair/Safe/Non-toxic ☒ 83. Cots Stored/Maintained/Adequate Number ☒ 84. Developmentally Appropriate Equipment/Materials ☒ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) ☒ 86. No Weapons/No Facsimile of a Firearm on Premise <u>Outdoor Space</u> ☒ 87. Outdoor Space Adequate Sq. Ft. Per Child ☒ 88. Impact Absorbing Material under Equipment ☒ 89. Playground Free from Hazards ☒ 90. Peeling Paint (Y/N) Sample Taken (Y/N) ☒ 91. Lead Management Plan (Y/N) ☒ 92. Equipment Anchored/Safely Arranged ☒ 93. Outdoor Play Area Protected/Fenced ☒ 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> ☒ 95. Written Plan for Daily Program Available to Parents/Staff ☒ 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <u>Administration of Medications 19a-79-9a</u> ☒ 97. Written Policies/Procedures ☒ 98. Training Outline on file <u>Nonprescription Topical Medications</u> ☒ 99. Administration/Parent Permission/MAR ☒ 100. Labeling/Storage <u>Oral/Topical/Inhalant/Injectable Medications</u> ☒ 101. Med Trained Staff/Certificates ☒ 102. Authorized Prescriber/Parent Permission/MAR ☒ 103. Labeling/Storage ☒ 104. Unused/Expired Meds Returned/Disposed <u>Self-Administration</u> ☒ 105. Authorized Prescriber/Parent Permission/MAR ☒ 106. Labeling/Storage ☒ 107. Approved Petition For Special Med Authorization <u>Emergency Distribution of Potassium Iodide</u> ☒ 108. KI Pills Parent Permission/Storage		<u>Under Three Endorsement 19a-79-10</u> ☒ 109. Approved Endorsement ☒ 110. Ratio: 1 Staff to 4 Children ☒ 111. Group Size no Larger than 8 ☒ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) ☒ 113. Adequate Sinks in Program Space ☒ 114. Free Standing/Well-Constructed/Safe Cribs ☒ 115. Washable Cots ☒ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray ☒ 117. Dev. Appropriate Tables/Chairs/Equipment ☒ 118. Refrigerators and Food Prep Facilities ☒ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use ☒ 120. Washed/Disinfected ☒ 121. Disposable Paper Sheets ☒ 122. Covered Waste Receptacle ☒ 123. Diaper Changing Policy Posted ☒ 124. Hand Washing Policy Posted ☒ 125. Individual Storage of Personal Items ☒ 126. Cribs/Cots Washed/Disinfected ☒ 127. Under 12 Months Placed on Back for Sleeping ☒ 128. Alternate Sleep Position/Equip-Medical Document (Y/N) ☒ 129. Crib/Bed Used for Infant Sleeping ☒ 130. Crib/Bed Free from Observable Hazards ☒ 131. Infant Toys Separate/Washed/Disinfected Daily ☒ 132. No Toys/Objects Less than 1 1/4" Diameter ☒ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible ☒ 134. Health Consultant/Documentation of Visits ☒ 135. Infants Held for Bottles/Individual Attn/Tummy Time ☒ 136. Written Statement/Feeding Schedule from Parent ☒ 137. Unused Portions of Liquids Discarded ☒ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing ☒ 139. Food Served from Dish or Whole Jar Served ☒ 140. Bottles Individually Identified w/Child's Name <u>Outdoor Play Space-Under Three:</u> ☒ 141. Play Space Fenced ☒ 142. Outdoor Equipment: Dev. Appropriate <u>School Age Children Endorsement 19a-79-11</u> ☒ 143. Approved Endorsement ☒ 144. Activity choices appropriate ☒ 145. Ratio: 1 Staff to 10 Children ☒ 146. Group Size: Max. 20 Children ☒ 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> ☒ 148. Approved Endorsement ☒ 149. Written Program Plan/Supervision ☒ 150. Staff Awake/Available ☒ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel ☒ 152. Individual Storage of Personal Items ☒ 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13</u> <u>n/a</u> ☒ 154. Written Policies/Procedures ☒ 155. On Site Staff Trained in First Aid/Glucose Testing ☒ 156. Training Current/Documented ☒ 157. Supervision of Self Administration ☒ 158. Equipment/Supplies: Labeled/Inaccessible ☒ 159. Signed Agreement w/Parent Regarding Equipment ☒ 160. Materials Discarded Appropriately ☒ 161. Authorized Prescriber/Parent Permission ☒ 162. Documentation of Test Results/Actions Taken ☒ 163. Daily Written Parent Notifications	
Signature of OEC Representative <u>James Fortin</u>		Written Corrective Action Plan Due to OEC by: <u>9/13/22</u>	Signature of Person in Charge <u>Karen Spolte</u>

Print Name: James Fortin

Print Name: Karen Spolte

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider Creative Starts License # 70524 Date: 8/30/22

Observations/Corrections needed:

- ⑥ Diaper changing policy not followed when staff was observed putting child down without having child wash hands.
- ①⑥ 1 staff physical not current; 1 TB not observed
- ③⑧ 1 care plan not observed for child with chronic disease
- ⑧⑨ playscape has ~~steps~~ steps on high upper level near slide. If child stands on step then fence barrier is not 4 feet and child can easily fall over edge.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:

James Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

Karen Spoke
(Person in Charge)
Karen L SpokeOEC BY: 9/13/22